PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

17 OCT -3 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 2016-2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15000043821

1. Corporation Name

BALLECOM ACTIVEWEAR INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1100 S Miami Ave.	1100 S Miami Ave.
Suite, Apt. #, etc: Suite 4110	Suite, Apt. #, etc: Suite 4110
City & State: Miami, Florida	City & State: Miami, Florida
Zip: FL 33130 Country: U.S.	Zip: FL 33130 Country: U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: May 15, 2015

5. FEI Number: 47-4026701 ☐ Applied For ☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Luis Ignacio Guarino

Street Address (P.O. Box Number is Not Acceptable): 1100 S Miami Ave.

Suite, Apt. # Etc: Suite 4110

City: Miami State: FL Zip Code: 33130

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8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 09/26/17

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Clarissa Egaña	1100 S Miami Ave. Suite 4110	Miami / Florida / FL 4110

10. E-mail Address: clarissaegana@me.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this Application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [signature] 09/25/2017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #